PAGE 1 / 15

Image# 201602199008494098

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than An Auth	orized Committee		Office Use Only
1. NAME OF TOOMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, ty over the lines.	/pe 12FE4M5	
American Council of Lif	e Insurers Political Ad	ction Committee		
	<u> </u>			
ADDRESS (number and street)  Check if different than previously	101 Constitution Ave., NW Suite 700 Washington		DC	20001
reported. (ACC)  2. FEC IDENTIFICATION NUI		<b>'</b>	STATE A	ZIP CODE ▲
C C00147066	3. IS	THIS X NEW (N)	OR AME	ENDED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3 January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	Report Due On:  Mar 2  Apr 2  (c) 12-Day PRE-Election Report for the:  (d) 30-Day	20 (M3) Jun 2 20 (M4) Jul 20 Primary (12P) Convention (12C) on General (30G)	O (M6) Sep 2 O (M7) Oct 2 General (1	in the State of
5. Covering Period 01	/ D D / Y Y Y Y O16	through	01 31	2016
I certify that I have examined this  Type or Print Name of Treasurer		my knowledge and belief	it is true, correct and	complete.
Signature of Treasurer Mr. Do	onald L. Walker	[Electronically Filed		19 / 2016 2016
NOTE: Submission of false, erroned Office Use	Jus, or incomplete information	may subject the person's	igning this Report to the	FEC FORM 3X
Only				Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 01 01 2016 To: 01 31 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		581209.30
	(b) Cash on Hand at Beginning of Reporting Period	581209.30	
	(c) Total Receipts (from Line 19)	14780.08	14780.08
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	595989.38	595989.38
7.	Total Disbursements (from Line 31)	72000.00	72000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	523989.38	523989.38
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Council of Life Insurers Political Action Committee

R	eport Covering the Period: From: 01	01 / 2016 To	o: 01 / 31 / 2016
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees		
	(i) Itemized (use Schedule A)	6565.76	6565.76
	(ii) Unitemized(iii) TOTAL (add	3214.32	3214.32
	Lines 11(a)(i) and (ii)▶	9780.08	9780.08
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	5000.00	5000.00
	11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)▶	14780.08	14780.08
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
10.	to Federal Candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds  (a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	14780.08	14780.08
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	14780.08	14780.08

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)		outonaut four to bute
(i) Federal Share	0.00	0.00
``		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
(b) Other Federal Operating  Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
Transfers to Affiliated/Other Party	0.00	0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	72000.00	72000.00
Independent Expenditures	200	
(use Schedule E)Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use scriedule i )		5.00
Loan Repayments Made	0.00	0.00
	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
Other Dispursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) Federal Stiate		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	72000.00	72000.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	72000.00	72000.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	14780.08	14780.08
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14780.08	14780.08
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: **PAGE** (check only one) X 11a 11b 11c

6 OF 15 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Kirt A Walker Date of Receipt Mailing Address One Nationwide Blvd 2016 01 City Zip Code State Transaction ID: 69912558 OH Columbus 43215 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Nationwide Financial President & COO Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Carden Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 01 15 2016 City State Zip Code Transaction ID: 69912768 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Managing Director Conference Developme Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Carolyn C. Cobb Date of Receipt Mailing Address 101 Constitution Ave, NW 01 31 2016 Suite 700 City Zip Code State Transaction ID: PR1821819645956 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 244.80 С federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President & Associate General Cou Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$126.15 Semi-Monthly) 244.80 Other (specify)

- 9

9

3244.80

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 OF 15 Use separate schedule(s) (check only one) X 11a 11b 12 11c 13 14 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) The Honora Dirk A. Kempthorne Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2016 31 City Zip Code State Transaction ID: PR1871324545956 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 416.66 federal political committee. Name of Employer Occupation President and CEO American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 416.66 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Brian Waidmann Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 01 31 2016 City State Zip Code Transaction ID: PR1872428345956 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Chief of Staff Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$200.00 Semi-Monthly) 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Larry D. D. Burton Date of Receipt Mailing Address 101 Constitution Ave, NW 01 31 2016 Suite 700 City Zip Code State Transaction ID: PR2348687345956 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 416.66 С federal political committee. Name of Employer Occupation American Council of Life Insurers Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 416.66 Other (specify) 1233.32 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

9

- 9

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LINE NUMBER:				PAGE		8	OF		15	
	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

		name and address of any political committee to	
<u> </u>	NAME OF COMMITTEE (In Full)		
$\rangle$	American Council of Life Insurers	s Political Action Committee	
١.	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes		Date of Receipt
	Mailing Address 101 Constitution Avenue, NW		M = M / D = D / Y = Y = Y
	Suite 700 West	State 7:0 Code	01 31 2016
	City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771358245956
			Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	375.79
	Name of Employer	Occupation	
	American Council of Life Insurers	Executive Vice President & General Cou	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	30 0	P/R Deduction (\$192.48 Semi-Monthly)
_	Other (specify) ▼	375.79	
3.	Full Name (Last, First, Middle Initial) Mr. Damian Salvi		Date of Receipt
	Mailing Address 10075 Red Run Boulevard		M = M / D = D / Y = Y = Y
	City	State Zip Code	01 31 2016
	Owings Mills	MD 21117-4865	Transaction ID : PR771364145956  Amount of Each Receipt this Period
	FEC ID number of contributing	2	
	federal political committee.	C	250.00
	Name of Employer	Occupation	
	Baltimore Life Insurance Company	Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	P/R Deduction (\$250.00 Bi-Weekly)
_	Caller (openity)	250.00	
`.	Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson		Date of Receipt
	Mailing Address 101 Constitution Avenue, NW		M = M / D = D / Y = Y = Y
	Suite 700 West City	State Zip Code	01 31 2016
	Washington	DC 20001-2133	Transaction ID : PR771373245956  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	325.94
	Name of Employer	Occupation	
	American Council of Life Insurers	Senior Vice President, State Relations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	325.94	P/R Deduction (\$167.72 Semi-Monthly)
	Calor (openly)	JZJ.34	
s	SUBTOTAL of Receipts This Page (optional)		951.73
т	OTAL This Period (last page this line number o	nlv)	
	VIAL THIS I CHOO (last page this line number t	""y/	40 40 40

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		9	OF		15
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16	;		17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)	•	
American Council of Life Insure	rs Political Action Committee	
Full Name (Last, First, Middle Initial)  Mr. Morris R. Goff		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West		01 31 2016
City	State Zip Code	Transaction ID : PR771419345956
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	214.00
Name of Employer	Occupation	
American Council of Life Insurers	Vice President, Federal Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  214.00	P/R Deduction (\$109.71 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Mr. David C. Turner		Date of Receipt
Mailing Address 101 Constitution Ave, NW		M = M / D = D / Y = Y = Y
Suite 700	State Zip Code	01 31 2016 Transaction ID : DD771438045056
Washington	DC 20001-2133	Transaction ID : PR771428945956  Amount of Each Receipt this Period
	2000 2 100	Amount of Each neceipt this Period
FEC ID number of contributing federal political committee.	C	287.17
Name of Employer	Occupation	
American Council of Life Insurers	EVP, Chief of Staff & Corp. Secretary	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  287.17	P/R Deduction (\$148.44 Semi-Monthly)
Full Name (Last, First, Middle Initial)  C. Ms. Alane R. Dent		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		01 31 2016
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771444345956
	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	218.08
Name of Employer	Occupation	
American Council of Life Insurers	Vice President, Federal Relations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	218.08	P/R Deduction (\$111.83 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	719.25
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

10 OF

15

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Maurice A. Perkins Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2016 31 City Zip Code State Transaction ID: PR805149145956 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing C 416.66 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Federal Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 416.66 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General

416.66 SUBTOTAL of Receipts This Page (optional)..... 6565.76 TOTAL This Period (last page this line number only).....

Other (specify)

### S 17

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 OF 15						
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)						
_			Detailed Summary Page	13 14 15 16 17						
Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements maname and a	ay not be sold or used by any penddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) American Council of Life Insurers	s Politica	al Action Committee							
Α.	Full Name (Last, First, Middle Initial) Northwestern Mutual Life PAC			Date of Receipt						
	Mailing Address 720 E. Wisconsin Ave.			01 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Milwaukee	State WI	Zip Code 53202	Transaction ID: 69912559						
	FEC ID number of contributing federal political committee.		0197095	Amount of Each Receipt this Period  5000.00						
	Name of Employer	Occupation	1							
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 5000.00							
_	Full Name (Last, First, Middle Initial)									
В.	Mailing Address			Date of Receipt						
	City	State								
	FEC ID number of contributing federal political committee.	С								
	Name of Employer	Occupation								
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼							
_	Full Name (Last, First, Middle Initial)			Pate of Provint						
C.	Mailing Address			Date of Receipt						
	City	State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		Amount of Each Necept this Feriou						
	Name of Employer	imployer Occupation								
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼							
5	SUBTOTAL of Receipts This Page (optional)			5000.00						

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE B (FEC Form 3X)		T	NUMBER: PAGE 12 OF 15					
,	Use separate schedule(s)	FOR LINE	NOMBEN.					
TEMIZED DISBURSEMENTS	for each category of the	(check only						
	Detailed Summary Page							
		27	28a   28b   28c   29   30b					
Any information copied from such Reports and Stater								
or for commercial purposes, other than using the name	ne and address of any political	committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
American Council of Life Insurers F	Political Action Comm	ittee						
, , , , , , , , , , , , , , , , , , , ,								
Full Name (Last, First, Middle Initial)								
<ul> <li>Friends Of Pat Toomey</li> </ul>			Date of Disbursement					
Therese errait semis,			M M / D D / Y Y Y					
Mailing Address 228 S Washington Street			01 04 2016					
Suite 115								
City	State Zip Code							
Alexandria	VA 22314		Transaction ID: 69167166					
Purpose of Disbursement								
Political Contribution		011	Amount of Each Disbursement this Period					
Candidate Name								
Sen. Pat Toomey		Category/ Type	500.00					
	nent For: 2016	Type	7 7					
Senate	Primary General		Political Contribution					
President	Other (specify) ▼							
State: PA District:								
Full Name (Last, First, Middle Initial)								
Citizens for Prosperity in America	Today PAC		Date of Disbursement					
, ,	,		M M / D D / Y Y Y Y					
Mailing Address 228 S. Washington Street			01 04 2016					
Suite 115								
City	State Zip Code		Transaction ID - CO4C7400					
Alexandria	VA 22314		Transaction ID: 69167420					
Purpose of Disbursement								
Political Contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Catagory						
Citizens for Prosperity in America	Today PAC	Category/ Type	2000.00					
Office Sought: House Disburser	,	.,,,,,	,					
Senate	Primary General		Political Contribution					
President	Other (specify)		Political Contribution					
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)								
Citizens for Prosperity in America	Гoday PAC		Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address 228 S. Washington Street			01 06 2016					
Suite 115								
City	State Zip Code		Transaction ID : 69319369					
Alexandria	VA 22314							
Purpose of Disbursement								
Void - Citizens for Prosperity in America Today PAC		011	Amount of Each Disbursement this Period					
Candidate Name		Category/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Citizens for Prosperity in America	Today PAC	Type	-2000.00					
Office Sought: House Disburser		-						
Senate	Primary General		Void - Citizens for Prosperity in America Today					
President	Other (specify) ▼		10.3 Onizono foi i rosponty ili America Today					
State: District:	\ 1 · · J/ ▼							
2.00.00								
IIDTOTAL of Disharana at Till D			500.00					
UBTOTAL of Disbursements This Page (optional)			000.00					
TOTAL This Period (last page this line number only)								

	OULE B (FEC Form 3X)	lise sans	rate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 15 (check only one)							
ITEMIZ	ED DISBURSEMENTS	for each	category of the	(che	ck only	one)	<b>X</b> 23	24	25	□ 26	
		Detailed S	Summary Page		27	28a	28b	28c	29	30b	
Any inform	mation copied from such Reports and Stater nmercial purposes, other than using the nan	nents may r	not be sold or use	d by an	y perso	n for the	purpose of	soliciting	contribu	utions ttee.	
	OF COMMITTEE (In Full)										
/	erican Council of Life Insurers F	Political /	Action Comn	nittee							
	ame (Last, First, Middle Initial)					Doto of	f Dioburoon	nont.			
A. And	y Barr For Congress, Inc.					M M	f Disbursen		YY	V	
Mailing	Address PO Box 2059					01	06		2016		
City		State	Zip Code			Trono	action ID :	6024027	4		
Lexing		KY	40588			irans	action iD:	0931937	I		
	se of Disbursement cal Contribution			011		Amount	t of Each D	Disbursem	ent this	Period	
Candio	date Name			Catego	ory/						
	. Andy Barr			Type				7	250	00.00	
Office	Sought: House Disburser  Senate President	ment For: 2 Primary Other (spec	<b>X</b> General			Political	Contribution	n			
State:	KY District: 06										
_	ame (Last, First, Middle Initial)										
B. Dolo	d For Congress						f Disbursen			_	
Mailing	Address PO Box 6312					01 06 2016					
City Liberty	ville	State IL	Zip Code 60048			Transaction ID: 69319374					
	se of Disbursement cal Contribution			011	Amount of Each Disburseme				ent this	Period	
Candio	date Name										
Rep	. Robert Dold			Catego Type		1000.00					
Office State:		nent For: 2 Primary Other (spec	General			Political	Contributio	on			
Full Na	ame (Last, First, Middle Initial)										
_	nds Of Jason Chaffetz					Date of	f Disbursen		■ Y ■ Y	Y	
Mailing	Address 315 Westfield Circle					01	06		2016		
City		State	Zip Code			Trans	action ID :	6931937	5		
Alpine	se of Disbursement	UT	84004						•		
	cal Contribution			011		Amount	t of Each D	Disbursem	ent this	Period	
	date Name			Catego	ory/				100	0.00	
	Jason Chaffetz			Тур				7	100	0.00	
Office	Sought: House Disburser  Senate President	nent For: 2 Primary Other (spec	General			Political	Contributio	n			
State:	UT District: 03										
SUBTO	TAL of Disbursements This Page (optional)				▶		-,-	- 7	450	0.00	
TOTAL	This Period (last page this line number only)										

SCHE	DULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 OF 15											
	ZED DISBURSEMENTS	Use sepa				NUMBER: PAGE  / one)						<u> </u>			
· • - IVII	LLD DIODONOLIVILIATO		for each category of the Detailed Summary Page			21b [						25	25 26		
		Dotalieu			2	27	28a		28b	28	ic	29	3		
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\	IE OF COMMITTEE (In Full)														
Am	nerican Council of Life Insurers F	Political	Action Com	mitte	e										
Full	Name (Last, First, Middle Initial)														
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B. Co	ngressional Black Caucus PAC						Date of Disbursement								
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c. NR	NRCC						Date of Disbursement								
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TOTAL	This Period (last page this line number only)														

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SCHEDULE B (FEC Form 3X)	Lice congrete cohedula(a)	-	FOR LINE NUMBER: PAGE 15 OF 15									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 X 23 24 25 26 28a 28b 28c 29 30b									
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NAME OF COMMITTEE (In Full)  American Council of Life Insurers P			SOICH COMMINGES TOTAL SUCTI COMMINGES.									
American Council of Life insurers P	Tollical Action Comn	nillee										
Full Name (Last, First, Middle Initial)  A. NRSC			Date of Disbursement  O1 19 2016									
Mailing Address 425 2nd Street, NE												
Washington	tate Zip Code DC 20002		Transaction ID: 69509725									
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period									
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B. DCCC		Date of Disbursement  O1 19 2016										
2nd Floor	Mailing Address 430 South Capitol Street, SE 2nd Floor											
,	tate Zip Code DC 20003		Transaction ID: 69509726									
Political Contribution  Candidate Name		011	Amount of Each Disbursement this Period									
DCCC		Category/ Type	15000.00									
	Primary General Other (specify)		Political Contribution									
Full Name (Last, First, Middle Initial)  C. DSCC	Date of Disbursement											
Mailing Address 120 Maryland Avenue, NE	01 19 2016											
Washington	Washington DC 20002											
Purpose of Disbursement Political Contribution	011	Amount of Each Disbursement this Period										
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SUBTOTAL of Disbursements This Page (optional)			45000.00									
TOTAL This Period (last page this line number only).			72000.00									